

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DW	32	10/20
FORMALITY REVIEW	RE	705	10/26/01

10/26/01 1127 1091 02-05-02 312602  
INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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TM/864  
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